



ST GEORGE'S HOSPITAL

A TRADITION OF EXCELLENCE



Before and after your thoracic surgery

A guide for patients having chest surgeries

stgeorges.org.nz 



ST GEORGE'S HOSPITAL

A TRADITION OF EXCELLENCE

Table of Contents

Introduction	1
Getting ready for surgery	2
Pre-admission clinic	3
Preparing for your hospital stay	4
On the morning of surgery	5
After surgery – in PACU (recovery room)	5
Back on the ward	
• Ward 4	6
Going home	12
When to seek help	12

Please:

- Read this booklet carefully before your surgery
- Bring it in when you come to hospital for your surgery

Your name: _____

Introduction

This booklet has been written to help you prepare for your lung surgery. You may have many questions and this booklet can help by explaining what to expect before, and after, your surgery. We encourage you and your family to read it.



We understand that you may feel anxious and concerned about your upcoming surgery. We recognise that some patients may have been waiting a considerable length of time on the waiting list or even had their surgery postponed or cancelled before. Others may have had only a short time to come to terms with their diagnosis and plan for surgery. We hope that this booklet answers some of your questions and provides you with an understanding of the plan for your care during and after surgery. We will also spend time talking through this information with you and your family.

Whilst waiting for your surgery, it is important to contact your GP should any new symptoms arise.

IMPORTANT: The information in this booklet is provided by the health care team and is intended to support and guide you through the process only. It does not replace the advice or directions given to you by your surgeon.

Getting ready for surgery

Once you have seen your surgeon, or their team, you will be given information about coming to St Georges Hospital for your surgery.

Some patients will receive a phone call from a nurse from the Christchurch Heart and Lung Surgeons' rooms, who will ask you questions about your health and any previous hospital stays. At this time the nurse will provide you with information about the pre op clinic, your stay in hospital and preparations for going home.

Other patients will receive this information from the staff at Christchurch Hospital.

Follow your surgeon's instructions about when to stop taking blood thinning medications e.g. Clopidogrel [Plavix®], Aspirin® – you should have this information from your clinic appointment. If you are unsure please contact the cardiac secretary.

Warfarin and **Dabigatran** must be stopped. You will be given individual instructions regarding blood tests and precautions for this.

Blood thinner medication: _____

Take last dose on: _____

The main entrance for St George's Hospital is located off Heaton Street near Papanui Road. We have a parking building onsite. The reception is located on the ground floor.

Pre-admission clinic



This clinic is held the day before your surgery. Check in time is 12:00 and you will need to allow up to 7 hours. Please come to reception on the ground floor. From reception you will be escorted to Ward 4 (specialises in cardiothoracic surgery).

During your pre-admission clinic you will be visited by some of the members of our team, including:

- Your surgeon _____
- Your anaesthetist _____
- A member from the physiotherapist team
- Nursing staff – who will provide education and information on your journey in the hospital
- The phlebotomists to take a blood test (if required)

Patients who are first on the list for surgery the following day may stay the night in hospital. Other patients will be able to go home and will return on the day of surgery, at the time specified by the preadmission nurse.

You will be given instructions regarding the last time to eat and drink by the preadmission nurse and the anaesthetist.

Preparing for your hospital stay

Use the following checklist to ensure that you have everything you need to be ready for your surgery and recovery.

Please bring:

- This booklet
- **All your medications in their original boxes and a list of all your medications from your pharmacy or GP**
- Comfortable loose clothing to wear in hospital e.g. tracksuit pants, shorts, tee shirts or open front shirts
- Bra – without an underwire
- Night wear and underwear
- Slippers or comfortable foot wear
- Toiletries
- Reading material
- Any other equipment you use for your health
 - diabetic testing equipment, sleep apnoea machine, walking frames etc.
- Your next of kin's contact details

Please remove all nail polish.

Please do not shave any surgical areas yourself at home. This can be a risk for infection and needs to be done as close to the time of surgery as possible.

Please leave all your valuables at home – anything you bring in is at your own risk.

Free WIFI is available at St George's Hospital.

On the morning of surgery

Surgery starts between 7.30am and 8am. If you are first on the operating list this is when you can expect to be taken to theatre. If your surgery is later in the day it is more difficult to give you an exact time; however, nursing staff will do their best to keep you informed.

To help you get ready, nursing staff will shave the area to be operated on and you will be asked to shower using a special surgical shower gel.

When advised by the theatre team, the nursing staff may give you a pre-med; this is a medication to help you feel relaxed. Following this medication you will need to wait on your bed. A nurse will take you to theatre where you will be met by the theatre team.

PACU (Recovery room)

After your surgery you will wake up in PACU (the post anaesthetic care unit or recovery room). This is where you will 'wake up' as you recover from the anaesthetic and be given pain relief to make sure that you are comfortable. During this time you may feel sleepy and disorientated.

You will have an oxygen mask on your face and some monitoring equipment attached to your finger and arm. This is used to monitor your oxygen levels, breathing, blood pressure and general recovery from surgery.

You will also have a chest X-Ray to check that your lung is expanded.

When you are fully awake you will be ready to be moved back to your room on the cardiothoracic ward – this is usually happens within 2 hours.

Back on the ward

When you return to the ward the nursing staff will regularly monitor your blood pressure, breathing rate, heart rate, temperature and oxygen levels. This means lots of disruptions and checks but these will reduce as you recover.

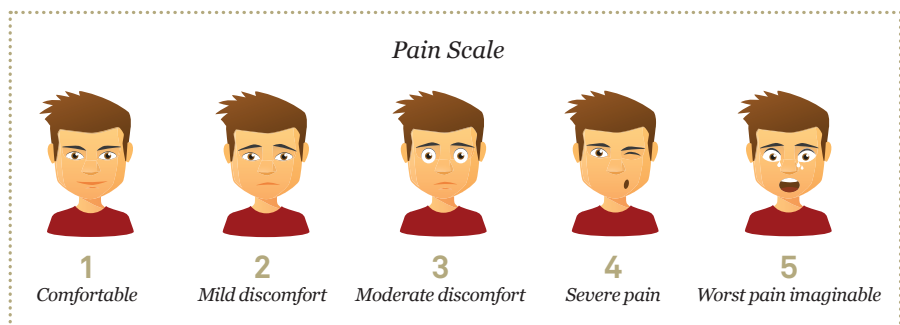
Pain and discomfort

Your pain will be assessed and managed with intravenous and oral pain relief medications. Once you are awake we will ask you to rate your pain on a scale of 1 to 5, this helps us to gauge the effectiveness of the pain relief.

Pain can be related to ;

- ~ wound site
- ~ muscle and ligament stretching
- ~ chest and wound drains

Effective pain management not only helps you to feel more comfortable, it also helps you to recover faster.



Medical equipment

After your operation you will be connected to several specialised pieces of equipment. These will help the nursing and medical staff to monitor your condition closely.

Most of the tubes will be removed one or two days after surgery.

The following is a description of some of the equipment that may be used; we will talk to you regarding which of these you will have.

Drip/ Intravenous access

You will have a drip, which is a very small piece of sterile plastic tube (usually in your hand or arm) that is used to give fluids, anaesthetic and other medications into the vein.

The drip is secured by a dressing and will be checked regularly by the nurses.



Chest and wound drains

Drains may be inserted during your surgery, and are used to remove air from around the outside of the lungs. They are connected to an under saline seal drainage system that sits on the floor. This acts as a one-way valve allowing fluid and air to be removed and preventing it from being sucked back in.

You may hear or see bubbling in the drain if air is escaping. The nurse will check the drain regularly for bubbling and will measure the amount of fluid that drains into the container.

Drains will be removed by the nurse once the lung has re-expanded and the air and fluid have stopped draining.

PCA (patient controlled analgesia)

You may have a PCA, this system allows you to administer pre set doses of intravenous pain relief medication as you need it (via a computerised pump). You control the pump by pressing a button to deliver a metered dose of medication, the pump will be programmed so that you cannot receive too much medication at once.

Wound bomb/ pain buster

You may have a wound bomb/pain buster as another means to reduce pain at your wound after surgery. The wound bomb has a thin sterile tube, or catheter, that is placed into the wound space during the operation. This infuses local anaesthetic from a prefilled device into the wound tissue to relieve pain.

Often these catheters remain in for up to 72 hours, helping you to mobilise, breathe deeply and expand your lungs.

Oxygen

It is likely you will have some additional oxygen after your surgery. This is given via small plastic prongs which sit just under your nose. The nurses will monitor your oxygen levels (saturations) by placing a probe on your finger. They will use these recordings to determine when oxygen therapy is able to be stopped.

Urinary catheter

If required, a urinary catheter is placed into the bladder to collect and measure urine. This is a tube which drains urine from the bladder into a collecting bag.

This is rarely needed after lung surgery, but may be used after large surgery when it is important to monitor urine output. If this is the case, it will be inserted during the operation.

Occasionally a catheter is required for a short time when patients have trouble passing urine after their surgery.

All urinary catheters are removed as soon as they are no longer required, helping you to get up and about.

Activity

It is important that you get up and about after your surgery. The nursing staff and physiotherapist will guide and assist you when it is safe for you to get up.

Each room has a comfortable chair to enable you to spend much of your time sitting up. Activity will help speed your recovery, expand your lungs, increase your strength and lift your mood.

Meals

You will be able to eat again once you are awake and settled on the ward.

Some people experience a loss of appetite and some people can feel sick after their surgery. Please let us know if you are feeling unwell as the feeling of nausea and any vomiting can be managed with medication.

Sleeping and tiredness

Tiredness is very common after surgery. This can happen as the body uses its energy to heal, and also because your usual sleeping pattern is likely to be affected by medications, discomfort, noise and change to your usual routine. The nurses will help you to balance activity with rest, limiting disruptions at night, and helping you to feel warm and comfortable.

Emotional ups and downs

Emotional ups and downs are a normal part of recovery. Sometimes you might feel good, other times you may feel tired or frustrated. The nurses are here to support you - so please just let someone know.

Wound care

The wounds are covered with a silver dressing. This is greyish/black in colour and aids healing as well as helping to prevent infection. There is a plastic occlusive dressing over the top - making it water resistant. These dressings usually remain in place throughout your hospital stay.

Your dressing will be checked daily by the nurses.

TED stockings

These tight stockings are used to reduce swelling and to prevent blood pooling and clotting in the legs. We encourage you to wear these for at least the first week after discharge home.

Visiting

We recommend that only family and close friends visit you while you are in Ward 4. Although visitors are welcome, we do have a strict NO VISITING period between 1pm and 3pm each day to allow patients to sleep and rest.

Evening visiting finishes at 8 pm.

We welcome phone calls to the ward but ask that the family's spokesperson be the primary contact. This spokesperson may call the nurses' station on 03 756160 for patient updates.

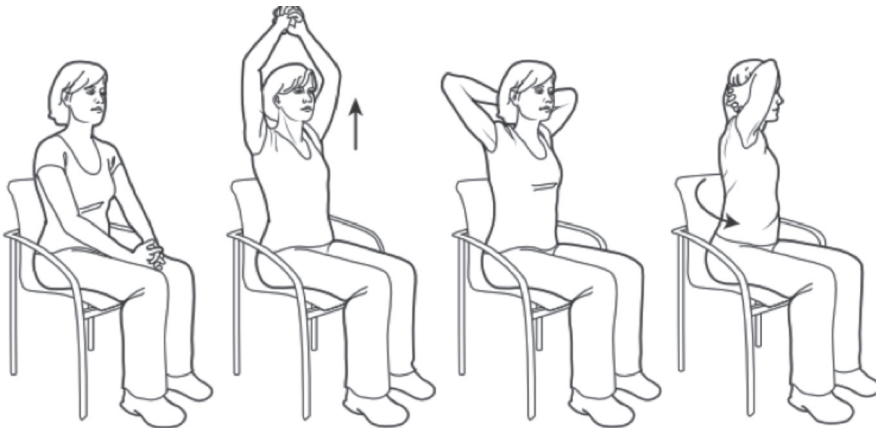
Physiotherapist

A member from the physio team will visit you each day and advance your exercises and your walking. They will also provide you with a plan to continue your exercises at home.

Taking regular deep breaths is the most important aspect of recovery for your lungs.

Trunk mobility exercises

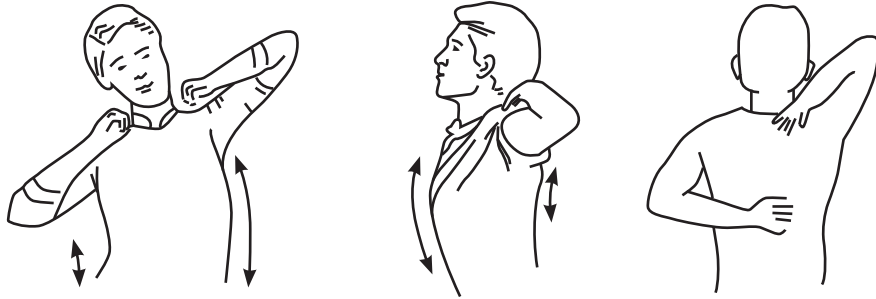
The aim of these exercises is to prevent stiffness around your rib cage and shoulders. You should begin these exercises as soon as your chest drain has been removed.



1. Sit in a straight-backed chair with your feet flat on the floor.
2. Clasp your hands together.
3. Lift your arms up and over your head.
4. Slide your hands down to the back of your neck.
5. Slowly twist the upper part of your body to the right side. Hold this position for 5 seconds while bringing your elbows as far back as possible. Turn to the left and repeat.
6. Return to the starting position.

Repeat three times in each direction, three times a day.

Trunk side bends



1. Start in a seated position
2. With elbows bent and away from your body, tip your left shoulder towards your left hip and hold for 5 seconds
3. Return to the centre position and tip to your right hip and hold for 5 seconds

Repeat three times in each direction, three times a day.

Important extras

- Aim to regain normal posture as soon as possible, try not to favour the operated side of your body. Avoid slouching.
- Gradually increase the distance you walk.
- Use the arm and shoulder on the operated side as normally as possible, for example brushing your hair and with light household tasks. However, be cautious when lifting items over 5 kgs (the weight of a bag of shopping)
- Your body is an excellent guide for telling you when you have done too much. Plan your activities for times in the day when you have more energy.

Going home

- Follow up appointment with the surgeon will be mailed to you
- You may be given a prescription and you can purchase the medication from the pharmacy at the hospital
- You will be given a plan regarding your wound dressing when you are ready to go home. It is advisable to shower rather than bathe until the wounds are completely healed. Watch and report (to your GP) any signs of redness, ooze, swelling or increased discomfort along the wound.

When to seek help

- If you experience increased shortness of breath.
- If you develop flu-like symptoms.
- If you notice any signs of redness, swelling or ooze around the wounds.
- If you experience any pain in your chest, neck or shoulder that is worse when you breathe in.

Call or visit the GP or phone for an ambulance, depending on the severity of your symptoms.

My surgery was performed on: _____

My wound dressing will remain until: _____

My drain stitch will be removed on: _____



ST GEORGE'S HOSPITAL

A TRADITION OF EXCELLENCE

249 Papanui Road, Strowan,
Christchurch 8014.
Private Bag 4737, Christchurch 8140

T: +64 3 375 6000
F: +64 3 375 6340
E: reception@stgeorges.org.nz



stgeorges.org.nz